

REPORT OF MEDICAL TREATMENT	
Patient's Name:	Social Security Number:
Inclusive dates of treatment at Kimbrough Ambulatory Care Center, Fort George G. Meade, Maryland 20755-5800.	From:
	To:
Diagnosis, operation or treatment:	
May resume normal work or school activities on or about:	
Signature:	Date:

MEDDAC (Ft Meade) Form 682  
1 Jul 98

Replaces MEDDAC Form 75, 1 Feb 77, which is obsolete and will not be used.

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